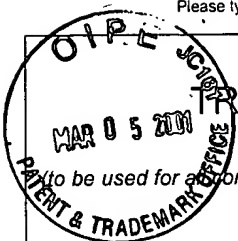


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0300 PTO/SB/21 (06/98)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/602,940
Filing Date	June 23, 2000
First Named Inventor	Ronneburg, et al.
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	44431/233638 (13237-2720)

Total Number of Pages in this Submission

()

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip PTO/SB/69 and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below) <div>Oath and Declaration</div>
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Brenda O. Holmes, Reg. 40,339 Kilpatrick Stockton LLP	Customer Number 23370
Signature	<i>Brenda O. Holmes</i>	23370
Date	March 2, 2001	PATENT TRADEMARK OFFICE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as Certified First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date: **March 2, 2001.**

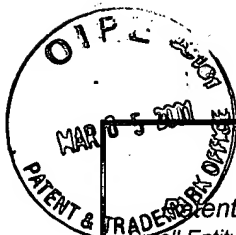
Typed or printed name Sharon J. Jenkins

Signature

Sharon J. Jenkins

Date

March 2, 2001



Please type and sign (+) inside this box →



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FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision
Small Entity payments must be supported by a small entity
statement, otherwise, large entity fees must be paid.
See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT (\$130.00)

Complete if Known

Application Number	09/602,940
Filing Date	June 23, 2000
First Named Inventor	Ronneburg, Frank et al.
Group / Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	44431/233638

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number
Deposit
Account
Name

11-0855

KILPATRICK STOCKTON LLP

- ☒ Charge any Additional Fee Required Under
37 CFR. 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES

Extra Fee from Fee Paid
Claims below

Total Claims	20**	-20**=	0	x	18	=	0.00
Independent claims	03**	-04**=	0	x	80	=	00.00
Multiple Dependent Claims							

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code	Small Entity Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	130
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English Specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	300	219	155	Notice of appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	345	Request for Continued Examination (RCE)	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** 130.00

SUBMITTED BY

Typed or printed Name	Brenda O. Holmes Kilpatrick Stockton LLP
Signature	<i>Brenda O. Holmes</i>

Complete (if applicable)

Reg. No. (Attorney/Agent)	40,339
Customer No. 23370	Telephone (404) 685-6799
Date	March 2, 2001